

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212542459			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>COMMUNITY ANTI-DRUG COALITIONS OF AMERICA</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>ARTHUR T DEAN</b>  <b>C/O CADCA</b>  <b>625 SLATERS LN STE 300</b>   <b>ALEXANDRIA, VA 22314</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ALEXANDRIA CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>11/30/2012</b></p> <p>SCC ID NO: <b>03839032</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 625 SLATERS LANE SUITE 300</p> <p style="text-align: center;">CITY/ST/ZIP: ALEXANDRIA, VA 22314</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THE HONOR MICHAEL J KRAMER  TITLE: TREASURER  ADDRESS: NOBLE SUPERIOR COURT, DIVISION 2  101 NORTH ORANGE STREET  CITY/ST/ZIP/CO: ALBION, IN 46701-1049 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THE HONOR MICHAEL J KRAMER TITLE: TREASURER ADDRESS: NOBLE SUPERIOR COURT, DIVISION 2 101 NORTH ORANGE STREET CITY/ST/ZIP/CO: ALBION, IN 46701-1049	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THE HONOR MICHAEL J KRAMER TITLE: TREASURER ADDRESS: NOBLE SUPERIOR COURT, DIVISION 2 101 NORTH ORANGE STREET CITY/ST/ZIP/CO: ALBION, IN 46701-1049	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NEIL AUSTRIAN  TITLE: VICE CHAIRMAN  ADDRESS: 22 BALLWOOD ROAD  CITY/ST/ZIP/CO: OLD GREENWICH, CT 06870 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NEIL AUSTRIAN TITLE: VICE CHAIRMAN ADDRESS: 22 BALLWOOD ROAD CITY/ST/ZIP/CO: OLD GREENWICH, CT 06870	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NEIL AUSTRIAN TITLE: VICE CHAIRMAN ADDRESS: 22 BALLWOOD ROAD CITY/ST/ZIP/CO: OLD GREENWICH, CT 06870	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ARTHUR T DEAN  TITLE: CHAIR/CEO  ADDRESS: 625 SLATERS LANE #300  CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ARTHUR T DEAN TITLE: CHAIR/CEO ADDRESS: 625 SLATERS LANE #300 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR T DEAN TITLE: CHAIR/CEO ADDRESS: 625 SLATERS LANE #300 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JERILYN SIMPSON- JORDAN  TITLE: VICE CHAIRMAN  ADDRESS: 1105 MENDOCINO WAY  CITY/ST/ZIP/CO: REDLANDS, CA 92374 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JERILYN SIMPSON- JORDAN TITLE: VICE CHAIRMAN ADDRESS: 1105 MENDOCINO WAY CITY/ST/ZIP/CO: REDLANDS, CA 92374	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JERILYN SIMPSON- JORDAN TITLE: VICE CHAIRMAN ADDRESS: 1105 MENDOCINO WAY CITY/ST/ZIP/CO: REDLANDS, CA 92374	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Douglas Hughes  TITLE: SECRETARY  ADDRESS: 625 Slaters Lane  Suite 300  CITY/ST/ZIP/CO: Alexandria, VA 22314 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Douglas Hughes TITLE: SECRETARY ADDRESS: 625 Slaters Lane Suite 300 CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Douglas Hughes TITLE: SECRETARY ADDRESS: 625 Slaters Lane Suite 300 CITY/ST/ZIP/CO: Alexandria, VA 22314	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: William Crouch  TITLE: DIRECTOR  ADDRESS: 625 Slaters Lane  Suite 300  CITY/ST/ZIP/CO: Alexandria, VA 22314 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: William Crouch TITLE: DIRECTOR ADDRESS: 625 Slaters Lane Suite 300 CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: William Crouch TITLE: DIRECTOR ADDRESS: 625 Slaters Lane Suite 300 CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alan Leshner DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas Reddin DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Craig McKinley DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christopher Kennedy Lawford DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dale Jones DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nathaniel Sutton DIRECTOR 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mitchell Anderson CFO 625 Slaters Lane Suite 300 Alexandria, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Mitchell Anderson SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Mitchell Anderson, CFO PRINTED NAME AND CORPORATE TITLE	11/1/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			